

MAR 10 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

M = 1/2
Do not use this space.

1. PLACE OF DEATH

29 County Cooper
Township Clear Creek
City Clifton City (No.)

Registration District No. 229
Primary Registration District No. 5394

File No. 5625
Registered No. 46
St. Ward

2. FULL NAME Granville H. Bidstrup

(a) Residence, No. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Odessa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68. 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Charles E. Bidstrup

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

15. MAIDEN NAME Martha Holman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

17. INFORMANT Mrs. Odessa Bidstrup
(ADDRESS) Clifton City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Green DATE Feb. 19, 1937

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 2/18 1937 H. B. Riester
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1937 to Feb. 17 1937

I last saw him alive on Feb. 13 1937 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

acute dilatation of heart
(chronic myocarditis)
(probable valvular disease)
(arteriosclerosis)

Other contributory causes of importance:

arteriosclerosis

Name of operation none Date of none
What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. E. Bidstrup, M. D.
(Address) Sedalia, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

